

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
19656393
APPLICANT(S)

FILING DATE
09/06/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3		✓					53						
4		✓					54						
5		✓					55						
6		✓					56						
7		✓					57						
8		✓					58						
9		✓					59						
10		✓					60						
11		✓					61						
12		✓					62						
13		✓					63						
14		✓					64						
15		✓					65						
16		✓					66						
17	✓	✓					67						
18		✓					68						
19		✓					69						
20		✓					70						
21		✓					71						
22	✓						72						
23		✓					73						
24		✓					74						
25		✓					75						
26	✓	✓					76						
27		✓					77						
28		✓					78						
29		✓					79						
30		✓					80						
31		✓					81						
32		✓					82						
33		✓					83						
34		✓					84						
35		✓					85						
36		✓					86						
37		✓					87						
38		✓					88						
39		✓					89						
40		✓					90						
41		✓					91						
42		✓					92						
43	✓	✓					93						
44		✓					94						
45		✓					95						
46		✓					96						
47		✓					97						
48		✓					98						
49		✓					99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	44						TOTAL DEP.						
TOTAL CLAIMS	49						TOTAL CLAIMS						

Best Available Copy